

**UNITED STATES PATENT & TRADEMARKS OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>11-15-94</u>		2 Serial/Patent # <u>08/068513</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other		<u>9</u>	<u>10-21-94</u> \$ <u>80.00</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>80.00</u>
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		<u>9</u> <u>18 -- 20 20</u>	
10 REASON:		No Fee Due (Explanation):  <u>Please change the fee code. too 122 !</u>	
11 REFUND REQUESTED BY:		TYPED/PRINTED NAME: <u>Margaret Byars</u> TITLE: <u>Clerk</u> SIGNATURE: <u>Margaret Byars</u> PHONE: <u>308-425-2</u> OFFICE: <u>3500</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: <u>Trude Connally</u>		DATE: <u>11/15/94</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

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<input type="checkbox"/>	Filing			\$
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<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other	9	10-21-94	\$ 80.00
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8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	9 18-2020	
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Byars, Margaret</u>		TITLE: <u>C/P R K</u>		
SIGNATURE: <u>Margaret Byars</u>		PHONE: <u>308-425-2</u>		
OFFICE: <u>3500</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Juda Chandy</u>		DATE: <u>11/15/94</u>		

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